DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/04/2013 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER WASHINGTON HEALTH CARE CENTER WASHINGTON HEALTH CARE CENTER WASHINGTON SUPPLIER WASHINGTON SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE \$20 W WASHINGTON ST WASHINGTON ST WASHINGTON SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE \$20 W WASHINGTON ST WASHINGTON ST WASHINGTON SUPPLIER WASHINGTON SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE \$20 W WASHINGTON ST WASHINGTON SUPPLIER WASHINGTON SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE \$20 W WASHINGTON ST WASHINGTON SUPPLIER PRECIX INDIANAPOLIS, IN 46221 PROVIDERS PLAN OF CORRECTION CROSS-REPERBINER) TO THE APPROPRIATE CROSS-REPERBINERS TO THE APPROPRIATE CROSS-REPERBINERS TO THE APPROPRIATE CROSS-REPERBINERS (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recentification and State Licensure Survey conducted on 04/25/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 05/30/13 Facility Number: 100289340 Surveyor: Mark Caraher, Life Safety Code Specialist At this PSR survey, Washington Health Care Center was found in compliance with Requirements for Participation in Medicar-Medicaid, 42 CFR Subpart 483.70(a), Life Safety Code (LSC), Chapter 19, Existing Health Care Occupances and 410 LC 16.2 This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a clare system with smoke detection in the corridors and in all areas open to the confider, The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 94 and had a census of 83 at the time of this visit. All areas where residents have customary access were sprinklered. The facility has not apprinklered. The facility has capacity of 94 and had a census of 83 at the time of this visit. ADDRATCHY DIFFERENCE TORS OF PROMOGRESSUPPLIER REPRESENTATIVES SIGNATURE ADDRATCHY DIFFERENCE OF PROMOGRESSUPPLIER REPRESENTATIVES SIGNATURE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MASHINGTON HEALTH CARE CENTER (X4) D (X4) D (X6) D			155383	B. WING				
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/25/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 05/30/13 Facility Number: 000393 Provider Number: 155383 AIM Number: 100289340 Surveyor: Mark Caraher, Life Safety Code Specialist At this PSR survey, Washington Health Care Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has a place alarm system with smoke detection in all reads open to the corridor. The facility has a darker open and had a census of 83 at the time of this visit. All areas where residents have customary access were sprinklered. The facility has one detached building providing storage of supplies which was not sprinklered.	NAME OF PROVIDER OR SUPPLIER				820	01 W WASHINGTON ST	, 33.	
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	ARORATORY	-	/SLIDDI IER REDRESENTATIVE'S SIGNATUR	PE .		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED		
		155383	B. WING				⋜ 30/2013
NAME OF PROVIDER OR SUPPLIER WASHINGTON HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8201 W WASHINGTON ST INDIANAPOLIS, IN 46231			00/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX i	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	RRECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIATE	
{K 000}		e 1 Obert Booher, Life Safety cal Surveyor on 06/03/12.	{K (000}			